Indiana State Police Clandestine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	02/08/2014	Address:	Tillotson Ave at Memorial Street
Incident #:	14ISPC001046		Muncie, Indiana
County:	Delaware		
Type of Laboratory Seizure (check one) Seizure Location (check all that apply)			
☑ Operational Lab☐ Chemical/Glassware/Equipment (only)☐ Dumpsite (only)		Residence Outbuilding Vehicle	☐ Hotel/Motel☐ Open – No Structure☐ Other:
Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply)			
Red Phosphorous/Iodine Reaction(s):			
Hydrochloric Acid Gas Generator(s):			
☐ Flammable Solvents: Open			
Water Reactive Metal (Lithium): Open			
Anhydrous Ammonia:			
Corrosive Acid: Open			
Corrosive Base:			
Other (item and location):			
Vehicle Information:			
Owner: VIN: Year:		Make: Model:	
Yes No	age 18 discovered (check appropriate) (number present) not present but evidence they reside	unclean Estimated ler occurring:	tions of home: clean disarray
This report has been faxed* or emailed to the following agencies that serve the location:			
Health Depar	ent City, Township or County Muncier tment County: <u>Delaware</u> of Child Services Hotline: <u>dcshotlinere</u>	Fax: Email	
For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>Trooper Nate Raney</u> Phone <u>765-778-2121</u>			

*This form is to be faxed to the Fire Department, Health Department and/or Department of Child Services listed within 24 hours of scene processing.